

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Certificate
from the York County Council on Aging, Inc.

RECEIVED

APR 21 2008

PSC SC

DOCKETING DEPT.

(Please type or print)

Submitted by: York County Council on Aging, Inc.

Address: P. O. Box 11519
Rock Hill, SC 29731

Telephone: 803-327-6694

Fax: 803-327-5210

Other:

Email: yccoaa@comporium.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

York County Council on Aging, Inc.

917 Standard Street
Post Office Box 11519
Rock Hill, South Carolina 29731
(803) 327-6694 or (803) 328-0197
Fax (803) 327-5210

RECEIVED

APR 21 2008

PSC SC
DOCKETING DEPT.

April 14, 2008

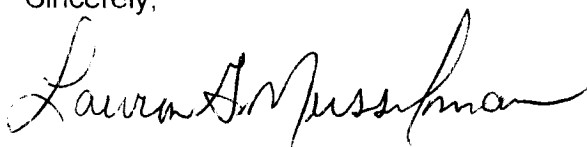
Public Service Commission
Docketing Department
Post Office Drawer 11649
Columbia, SC 29211

Dear Sir or Madam:

Enclosed you will find the completed Class C Charter Certificate Application and the agency's Articles of Incorporation. Also included is an amended Exhibit D with accompanying vehicle list to replace the original ones included in the Class C Non-Emergency Application submitted by this agency on 2/15/08.

If you have any questions or need any additional information, please let me know. The agency mailing address and telephone numbers are listed above. You may reach me directly at extension 309 or by email at: lmusselman@comporium.net.

Sincerely,



Lauren G. Musselman
Finance Director

Enclosures (17)

THE STATE OF SOUTH CAROLINA
EXECUTIVE DEPARTMENT
CERTIFICATE OF INCORPORATION
BY THE SECRETARY OF STATE

AND WHEREAS, Mrs. Herman G. Adkins, Sr., 2424 Adkins St., Rock Hill, S. C.
Mrs. Roy Richardson, 44 Sunset Drive, Rock Hill, S. C.

two or more of the officers or agents appointed to supervise or manage the affairs of

YORK COUNTY COUNCIL ON AGING, INC.

which has been duly and regularly organized, did on the **24th** day of

September, A. D. 1968, file with the Secretary of State a written declaration setting forth:

That, at a meeting of the aforesaid organization held pursuant to the by-laws or regulations of the said organization, they were authorized and directed to apply for incorporation.

That, the said organization holds, or desires to hold, property in common for Religious, Educational, Social, Fraternal, Charitable or other eleemosynary purpose, or any two or more of said purposes, and is not organized for the purpose of profit or gain to the members, otherwise than is above stated, nor for the insurance of life, health, accident or property; and that three days' notice in the **Rock Hill Evening Herald**, a newspaper published in the County of **York**, has been given that the aforesaid Declaration would be filed.

AND WHEREAS, Said Declarants and Petitioners further declared and affirmed:

FIRST: Their names and residences are as above given.

SECOND: The name of the proposed Corporation is **YORK COUNTY COUNCIL ON AGING, INC.**

THIRD: The place at which it proposes to have its headquarters or be located is
Pewell Park Recreation Center, Alexander Rd., Rock Hill, S. C.

FOURTH: The purpose of the said proposed Corporation is **to counsel and aid elderly citizens in making the change-over from employment to retirement; to provide activities and guidance for all citizens fifty-five years of age and older.**

FIFTH: The names and residences of all Managers, Trustees, Directors or other officers are as follows:

| | | |
|------------------------|--|----------|
| Mrs. Herman G. Adkins | 2424 Adkins St., Rock Hill, S. C. | Director |
| Dr. J. Foster Lupo | 732 Ferndale, Rock Hill, S. C. | " |
| Mr. Charles S. Warmoth | Shelby Street, Sharon, S. C. | " |
| Mrs. Roy Richardson | 44 Sunset Drive, Rock Hill, S. C. | " |
| Mr. A. Z. Foster Wood | P. O. Box 3115, Rock Hill, S. C. | " |
| Mr. J. Bate Harvey | Roosevelt Street, Clover, S. C. | " |
| Colonel F. Murray Mack | 328 Confederate Ave., Fort Mill, S. C. | " |
| Reverend Ray P. Hook | 1019 Woodland Drive, Rock Hill, S. C. | " |

SIXTH: That they desire to be incorporated: **in perpetuity**

Now, THEREFORE, I, O. FRANK THORNTON, Secretary of State, by virtue of the authority in me vested, by Chapter 12, Title 12, Code of 1962, and Acts amendatory thereto, do hereby declare the said organization to be a body politic and corporate, with all the rights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by said Chapter 12, Title 12, Code of 1962, and Acts amendatory thereto.

GIVEN under my hand and the seal of the State, at Columbia,
this **24th** day of **September**
in the year of our Lord one thousand nine hundred and
68 and in the one hundred and **93rd**
year of the Independence of the
United States of America.

O. Frank Thornton
O. FRANK THORNTON,
Secretary of State.



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department**101 Executive Center Drive****Columbia, SC 29210****(Mailing address: Post Office Box 11649, Columbia, SC 29211)**

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTERDATE 4/14, 2008**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

York County Council on Aging, Inc.

2. (a) Street Address of Applicant 917 Standard St.

Rock Hill, SC 29730

- (b) Mailing address, if different from street address P.O. Box 11519

Rock Hill, SC 29731

- (c) Telephone Number 803-327-6694

Fed ID # [REDACTED]

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Wendy P. Duda, Executive Director – 11 Park Ave., York, SC 29745

Carolyn Carpenter, Board Chairman – 237 Pinewood Ln, Rock Hill, SC 29730

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: June Year: 2007

| | |
|--------------------------------|-----------|
| Assets: | |
| Cash | 1,010,969 |
| Receivables | 177,181 |
| Real Estate | |
| Buildings and Equipment-Net | 179,592 |
| Motor Vehicles-Net | 196,016 |
| Garage Equipment-Net | |
| Machinery and Tools-Net | |
| Supplies on Hand | 6,156 |
| Prepays and Other Assets | 46,254 |
| Total Assets | 1,616,128 |
| Liabilities and Equity: | |
| Accounts Payable | 108,392 |
| Notes Payable | |
| Mortgages Payable | |
| Equipment Obligations | |
| Accrued Salaries and Wages | |
| Other Accrued Obligations | 124,243 |
| Other Liabilities | |
| Total Liabilities | 232,635 |
| Capital Stock | |
| Retained Earnings | 1,383,493 |
| Total Equity | 1,383,493 |
| Total Liabilities and Equity | 1,616,128 |

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Wendy P. Duda, Executive Director
(Name of Applicant's Representative) (Title)

of York County Council on Aging, Inc., the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Rock Hill, South Carolina

This the 14th day of April 20 08

Larry A. Mustman
(Notary Public)

Wendy P. Duda
(Signature of Applicant's Representative)

Commission Expires: 1/19/17

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant York County Council on Aging, Inc.

For the transportation of passengers as follows:

Area to be served: York County Number of passengers: Largest capacity vehicle - 15 Fares: Average Rate per Mile - \$5.00 =====Date 4/14/08 
By 
Title

Rev.10/03

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

| YEAR | MODEL & MAKE | VIN # | WEIGHT EMPTY | CARRYING CAPACITY * |
|------|-----------------|-------|-----------------|------------------------|
|------|-----------------|-------|-----------------|------------------------|

See Attached List of 10 Vehicles

* Seats if passenger carrier.

Date:

4/14/08

York County Council on Aging, Inc.

(Applicant)

(Applicant's Representative)

Executive Director

(Title)

York County Council on Aging, Inc.
P.O. Box 11519
Rock Hill, SC 29731

**Class C Charter Certificate Application
Exhibit D Attachment**

| Vehicle Number | Make | Year | Model | Vehicle ID number (VIN) | Weight Empty | Seating Capacity |
|--|-------------|-------------|--------------|--------------------------------|-------------------------|-----------------------------|
| Vehicles 1-7 are owned and insured by York County Council on Aging, Inc. | | | | | | |
| 1 | Ford | 1997 | Minivan | 1FMCA11U0VZA25657 | 3600 | 7 |
| 2 | Ford | 1997 | Minivan | 1FMCA11UXVZA04069 | 3600 | 7 |
| 3 | Ford | 1995 | 15 Passenger | 1FBJS31H2SHA95819 | 5400 | 15 |
| 4 | Dodge | 1994 | 15 Passenger | 2B5WB35Z5RK174079 | 5400 | 15 |
| 5 | Dodge | 1994 | 15 Passenger | 2B5WB35Z5SK565108 | 5400 | 15 |
| 6 | Ford | 1993 | Minivan | 1FMCA11U5PZC15974 | 3500 | 7 |
| 7 | Dodge | 2005 | Caravan | 1D4GP25R45B248215 | 3725 | 7 |
| Vehicles 8-10 are leased from State Fleet by York County Council on Aging, Inc. | | | | | | |
| 8 | Chevrolet | 2000 | 15 Passenger | 1GAHG39R4X1187453 | 5400 | 15 |
| 9 | Ford | 2003 | 15 Passenger | 1FB5531L33HB13593 | 5400 | 15 |
| 10 | Chevrolet | 2007 | Minivan | 1GNDV23W17D199780 | 3500 | 7 |

INSURANCE QUOTE

The following insurance quote is for:

See Attached Documentation

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance \$1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

| | | |
|-------------------|---|-----------------------|
| 1 - 7 passengers | - | 25,000/50,000/25,000 |
| 8 - 15 passengers | - | 25,000/100,000/25,000 |

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

4/27/07

THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD

OFFICE OF INSURANCE RESERVE FUND
POST OFFICE BOX 11066
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0021

| POLICY NUMBER | FROM | POLICY PERIOD | TO | TYPE OF INSURANCE | DATE PRINTED |
|---------------|------------|---------------|----|-------------------------------|--------------|
| C130461208 | 07/01/2007 | 07/01/2008 | | AUTOMOBILE COMP AND COLLISION | 14 JUN 2007 |

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
CD-20

| NAMED INSURED AND ADDRESS | CONTACT PERSON AND PHONE | FORM # | PAGE |
|--|---|--------|-------------------|
| YORK COUNTY COUNCIL ON AGING POST OFFICE BOX 11519 ROCK HILL, SC 29731 | WENDA P. DUDA (803)327-6694 | | 2 OF 7 |
| | TYPE OF ACTIVITY *** RENEWAL DECLARATION *** | | ACTIVITY # 001 |

EFFECTIVE 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE. 1 OF 2

COVERAGE \$200 DEDUCTIBLE COMPREHENSIVE \$200 DEDUCTIBLE COLLISION

| VEHICLE NUMBER YEAR | MAKE/MODEL SERIAL NUMBER | VEHICLE COST | RATES | PREMIUMS |
|------------------------|------------------------------------|-----------------|------------------------|-----------------|
| 170 1991 | DODGE VAN 456574 ✓ | 20,563 | COMP 0.14 COLL 0.38 | 28.79 78.14 |
| 180 1992 | FORD VAN W/LIFT B66292 | 25,800 | COMP 0.14 COLL 0.38 | 36.12 98.04 |
| 190 1993 | FORD AEROSTAR VAN C15974 | 15,645 | COMP 0.14 COLL 0.38 | 21.90 59.45 |
| 240 1994 | DODGE RAM VAN 174079 | 18,387 | COMP 0.14 COLL 0.38 | 25.74 69.87 |
| 250 1995 | FORD CLUB WAGON A95819 | 20,541 | COMP 0.14 COLL 0.38 | 28.76 78.06 |
| 280 1995 | DODGE CARAVAN 628300 | 29,415 | COMP 0.14 COLL 0.38 | 41.18 111.78 |
| 290 1996 | FORD VAN W/ADA EQUIPMENT B32805 | 30,000 | COMP 0.14 COLL 0.38 | 42.00 114.00 |
| 300 1997 | FORD AEROSTAR VAN A25657 ✓ | 17,300 | COMP 0.14 COLL 0.38 | 24.22 65.74 |
| 310 1997 | FORD AEROSTAR VAN A04069 ✓ | 17,300 | COMP 0.14 COLL 0.38 | 24.22 65.74 |
| 320 1995 | DODGE VAN 565108 ✓ | 19,387 | COMP 0.14 COLL 0.38 | 27.14 73.67 |
| 330 2001 | DODGE VAN 526094 ✓ | 21,310 | COMP 0.14 COLL 0.38 | 29.83 80.98 |
| 340 2001 | DODGE RAM VAN W/ADA K526095 | 31,396 | COMP 0.14 COLL 0.38 | 43.95 119.30 |
| 350 2002 | DODGE VAN W/ADA 141229 ✓ | 38,250 | COMP 0.14 COLL 0.38 | 53.55 145.35 |

THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD

OFFICE OF INSURANCE RESERVE FUND
POST OFFICE BOX 11066
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0

| | | | |
|------------------------------------|---|---|-----------------------------------|
| POLICY NUMBER C130461208 | FROM POLICY PERIOD TO 07/01/2007 07/01/2008 | TYPE OF INSURANCE AUTOMOBILE COMP AND COLLISION | DATE PRINTED 14 JUN 200 |
|------------------------------------|---|---|-----------------------------------|

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS.
CD-20

| | | | |
|--|--|--------|------------------------|
| NAMED INSURED AND ADDRESS YORK COUNTY COUNCIL ON AGING POST OFFICE BOX 11519 ROCK HILL, SC 29731 | CONTACT PERSON AND PHONE WENDA P. DUDA (803)327-6694 | FORM # | PAGE 3 OF |
| TYPE OF ACTIVITY *** RENEWAL DECLARATION *** | | | ACTIVITY 001 |

EFFECTIVE 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE. 2 OF 2

COVERAGE - \$200 DEDUCTIBLE COMPREHENSIVE \$200 DEDUCTIBLE COLLISION

| VEHICLE NUMBER YEAR | MAKE/MODEL SERIAL NUMBER | VEHICLE COST | RATES | PREMIUMS |
|------------------------|--|-----------------|------------------------|------------------|
| 360 2004 | FORD GOSHEN GCII A96307 ✓ | 40,450 | COMP 0.17 COLL 0.42 | 68.77 169.89 |
| 370 2004 | FORD GOSHEN GCII B23757 ✓ | 41,185 | COMP 0.17 COLL 0.42 | 70.01 172.98 |
| 380 2005 | DODGE CARAVAN B248215 ✓ | 15,560 | COMP 0.17 COLL 0.68 | 26.45 105.81 |
| 390 2006 | FORD GOSHEN E350 VAN A73205 ✓ | 41,595 | COMP 0.20 COLL 0.48 | 83.19 199.66 |
| 400 1994 | DODGE RAM 135904 ✓ | 23,666 | COMP 0.14 COLL 0.38 | 33.13 89.93 |
| 410 2007 | FORD GOSHEN GCII 808 ADA BUS A20619 ✓ | 43,687 | COMP 0.23 COLL 0.55 | 100.48 240.28 |

TOTAL COMPREHENSIVE PREMIUM 809.43
TOTAL COLLISION PREMIUM 2,138.67
TOTAL PREMIUM 2,948.10

THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD

OFFICE OF INSURANCE RESERVE FUND

POST OFFICE BOX 11066

COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0020

| POLICY NUMBER | FROM | POLICY PERIOD | TO | TYPE OF INSURANCE | DATE PRINTED |
|---------------|------------|---------------|----|-------------------------------|--------------|
| C130461208 | 07/01/2007 | 07/01/2008 | | AUTOMOBILE COMP AND COLLISION | 17 OCT 2007 |

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS.

CD-20

| NAMED INSURED AND ADDRESS | CONTACT PERSON AND PHONE | FORM # | PAGE |
|--|--------------------------------|--------|------------|
| YORK COUNTY COUNCIL ON AGING POST OFFICE BOX 11519 ROCK HILL, SC 29731 | WENDA P. DUDA (803)327-6694 | | 1 OF 1 |
| TYPE OF ACTIVITY | | | ACTIVITY # |
| *** ENDORSEMENT *** | | | 002 |

EFFECTIVE DATE - 10/16/2007

COVERAGE - \$200 DEDUCTIBLE COMPREHENSIVE
\$200 DEDUCTIBLE COLLISION

| | | VEHICLE DESCRIPTION | | OLD VALUE | |
|----------------------|-------|---------------------------|------|-------------|----------------------------|
| ACTIVITY | SEGMT | SERIAL NUMBER | YEAR | NEW VALUE | PREMIUMS |
| DELETED | 180 | FORD VAN W/LIFT B66292 | 1992 | 25,800 0 | -25.53 COMP -69.30 COLL |
| TOTAL RETURN PREMIUM | | | | | -94.83 |

A CREDIT MEMO FOR RETURN PREMIUM WILL FOLLOW.

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY C130461208

THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD

OFFICE OF INSURANCE RESERVE FUND
POST OFFICE BOX 11066
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737 0020

| POLICY NUMBER | FROM | POLICY PERIOD | TO | TYPE OF INSURANCE | DATE PRINTED |
|---------------|------|---------------|------------|-------------------------------|--------------|
| C130461208 | | 07/01/2007 | 07/01/2008 | AUTOMOBILE COMP AND COLLISION | 31 JAN 2008 |

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
CD-20

| NAMED INSURED AND ADDRESS | CONTACT PERSON AND PHONE | FORM # | PAGE |
|--|--------------------------------|--------|------------|
| YORK COUNTY COUNCIL ON AGING POST OFFICE BOX 11519 ROCK HILL, SC 29731 | WENDA P. DUDA (803)327-6694 | | 1 OF 1 |
| | TYPE OF ACTIVITY | | ACTIVITY # |
| | *** ENDORSEMENT *** | | 003 |

EFFECTIVE DATE - 01/29/2008

COVERAGE - \$200 DEDUCTIBLE COMPREHENSIVE
\$200 DEDUCTIBLE COLLISION

| ACTIVITY | SEGMT | VEHICLE DESCRIPTION | YEAR | OLD VALUE | NEW VALUE | PREMIUMS |
|----------|-------|------------------------------------|------|-----------|-----------|---------------------------|
| ADDED | 420 | FORD GOSHEN GCII ADA BUS B43443 | 2007 | 0 | 46,245 | 44.59 COMP 106.62 COLL |
| | | RATES - COMP 0.23 COLL 0.55 | | | | |

TOTAL ADDITIONAL PREMIUM 151.21

AN INVOICE FOR PREMIUM DUE WILL FOLLOW.

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY C130461208

THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD

OFFICE OF INSURANCE RESERVE FUND
POST OFFICE BOX 11066
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0020

| | | | | | |
|------------------------------------|---------------------------|------------------------------------|-------------------------|--|------------------------------------|
| POLICY NUMBER L130461208 | FROM 07/01/2007 | POLICY PERIOD 07/01/2008 | TO 07/01/2008 | TYPE OF INSURANCE AUTOMOBILE LIABILITY | DATE PRINTED 14 JUN 2007 |
|------------------------------------|---------------------------|------------------------------------|-------------------------|--|------------------------------------|

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
CD-20

| | | | |
|--|--|--------|--------------------------|
| NAMED INSURED AND ADDRESS YORK COUNTY COUNCIL ON AGING POST OFFICE BOX 11519 ROCK HILL, SC 29731 | CONTACT PERSON AND PHONE WENDA P. DUDA (803)327-6694 | FORM # | PAGE 6 OF 7 |
| | TYPE OF ACTIVITY *** RENEWAL DECLARATION *** | | ACTIVITY # 001 |

EFFECTIVE 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE. 1 OF 1

| NUMBER OF VEHICLES | RATE PER VEHICLE | PREMIUM |
|-----------------------|---------------------|----------|
| 19 | 380.00 | 7,220.00 |

COVERAGE

PAID

LIMIT OF LIABILITY
1,000,000 COMBINED SINGLE LIMIT EACH ACCIDENT

MEDICAL PAYMENTS
1,000 EACH PERSON

UNINSURED MOTORISTS COVERAGE - BASIC LIMITS

EXHIBIT FWA

Name: York County Council on Aging, Inc.

Address: P. O. Box 11519, Rock Hill, SC 29731

Telephone No. 803-327-6694

Fax No. 803-327-5210

U.S.D.O.T. No. _____

ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No X

(If "yes", indicate nature of judgment(s).

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No _____

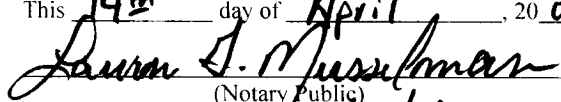
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At Rock Hill, South Carolina

This 14th day of April, 20 08


(Notary Public)

Commission Expires: 1/19/17